PART B - FEE(S) TRANSMITTAL

, 11)applicable fe	or <u>Fax</u>	(703) 746-4000	ginia 22313-1450	.01
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected be maintenance fee notification	m should be used for tran respondence including the elow or directed otherwise s.	Patent, advance order in Block 1, by (a)	E FEE and PUBLIG ders and notification specifying a new c	CATION FEE (if req of maintenance fees orrespondence addres	uired). Blocks I through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed when correspondence address a arate "FEE ADDRESS" for
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APPLICATION NO.	APPLICATION NO. FILING DATE FIRST NA		IRST NAMED INVEN	ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,916	10/21/2003	MONOCHRO	Tai-Shui Ho		0941-0856P	3776
TITLE OF INVENTION: M	ETHOD FOR CONVERTI					
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LUU, MATTHEW		2676		345-600000	_	
	ence address (or Change of 2) attached. on (or "Fee Address" Indica r more recent) attached. Use	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) INVENTEC APPLIANCES CORPORATION TAIPEI, HSIENG, TAIWAN, R.O.C.						
Please check the appropriate assignce category or categories (will not be printed on the patent):						
4a. The following fee(s) are e Lissuc Fec Publication Fee (No sn Advance Order - # of	nall entity discount permitte	(d)	Ib. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. (if necessary) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).			
	IALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37 C	
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Authorized Signature	JOE MCKINNE	1 # 39,53	8	98922 <u>/2865 582 NBB \$ 88888131 18688916</u>		
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